## FILING DATE SERIAL NO. MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1M AMENDMENT 2nd AMENDMENT AS FILED DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. INO. TOTAL

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## **CLAIMS ONLY**

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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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